

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/500711	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5	1					
6	1					
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TOTAL IND.	2		2		2	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	12		12		12	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.			2		2		2	
TOTAL DEP.			10		10		10	
TOTAL CLAIMS			12		12		12	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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